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JAN 1 3 2005

## COMBINED AMENDMENT TRANSMITTAL LETTER AND PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Small Entity)

Serial No.:

09/982,048

Applicant:

Ganz.

For: AUTOMATED

VERIFICATION AND INSPECTION DEVICE FOR SEQUENTIALLY

INSPECTING MICROSCOPIC CRYSTALS

Examiner: Group Art: Martin Miller

2623

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademirk Office, Fax No. 703–872–9306 on //3/05

Astronature of Porson Mailing Correspondence

1.4. N D ... TH

John R. Ross, III

Typod or Printed Name of Person Signing this Certificate

## TO THE COMMISSIONER FOR PATENTS

This is a combined amendment and petition under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of 07/23/2004 in the above-identified application.

The requested extension is for three months from 10/23/2004 to 01/23/2005.

The fee for the amendment and extension of time has been calculated as shown below:

	CLAIMS REMAINING APTER AMENDMENT	HIGHEST & PREVIOUSLY PAID FOR	NUMBER EXTRA CLAIMS PRESENT		RATE	ADDITIONAL PEE		
TOTAL CLAIMS	43	43	0	X	\$25.00	\$0.00		
DADED CITYING	5	5	0	X	\$100.00	\$0.00		
			FEE FOR EXTEN	<b>ISIO</b> 1	OF TIME	\$510.00		
	TOTAL FEE	FOR AMENDME	T AND EXTEN	SION	OF TIME	\$510.00		

The fee for the amendment is to be paid as follows:

- The Commissioner is hereby authorized to charge payment for the Amendment and Extension of Time

04/07/2005 JUILLIA: 00 to Deposit Account No. 200678.

01 FC:2253

The Commissioner is hereby authorized to charge payment of the following fees associated with this 510, communication or credit any overpayment to Deposit Account No. 200678:

- Any additional filing fees required under 37 CFR 1.16.

Any patent application processing face under 37 CFR 1.17.

Charge any additional foes which may be required to Deposit Account No. 200678.

John R. Ross, III

Regis, No. 43060

Ross Patent Law Office

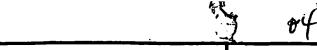
P.O. Box 2138

Del Mar, CA 92014

858-755-3122

FAX: 858-755-3122

FEE only



PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

MA

CLAIMS AS FILED - PART I (Column 1) (Column 2)					mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		41				ſ	RATE	FEE	1 i	RATE	FEE	
FOR				ASSIAD	SED EVERA		BASIC FEE		-			
		NUMBER FILED					BASIC FEE	370.00	OR	DASIC PEE	740.00	
TOTAL CHARGEABLE CLAIMS			// minus 20=		• 21			X\$ 9=	189	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		· 5			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2					1.	TOTAL	559	OR	TOTAL			
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		_	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 43	Minus	L	<u> </u>	- 2		X\$ 9=		OR	X\$18=	
	Independent	* 5	Minus	PENDEND	3 TCLAIM	= 2		X42=		OR	X84=	
L-	1.1.01111200			ENGEN	0200			+140=.		OR	+280=	
							_	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									<del>" -</del>			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT			BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 4/	Minus	**	<u>83</u>	= ( )		X\$ 9=		OR	X\$18=	
AME	Independent	* 5 NTATION OF MI	Minus	ENDENT	CL AIM			X42=		OR	X84=	
	THOTTHESE	NATION OF MI	·	LINDEN	CEANN			+140=	,	OR	+280=	
	/						<b>-</b>	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
	1-13-05	(Column 1)		(Colur	mn 2)	(Column 3)			•		, , , , , , , , , , , , , , , , , , ,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 4-1	Minus	** 4	-(	=		X\$ 9=		OR	X\$18=	
	Independent	* 5 NTATION OF MI	Minus	*** C	CLAIM			X42=		OR	X84=	
_	orr nese			-14DE141	- CEMITI		Γ	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												